

U.S. DISTRICT COURT
EASTERN DISTRICT-WI
FILED

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STEPHEN C. DRIES
CLERK

COMPLAINT

(for non-prisoner filers without lawyers)

UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF WISCONSIN

(Full name of plaintiff(s))

Calbert Turner

v.

Case Number:

18-C-1618

(to be supplied by Clerk of Court)

(Full name of defendant(s))

Aurora Health Center
Dr. Michael Pothier and
his Receptionist
Aurora Health Pharmacy

A. PARTIES

1. Plaintiff is a citizen of Wisconsin and resides at
(State)

1900 12th St Racine, WI 53403
(Address)

(If more than one plaintiff is filing, use another piece of paper.)

2. Defendant Aurora Health Center
Dr. Michael Pothier, his Receptionist (Name)
Aurora Pharmacy

Complaint - 1

is (if a person or private corporation) a citizen of Wisconsin
(State, if known)
and (if a person) resides at 8400 Washington Av Racine, WI 53403
(Address, if known)

and (if the defendant harmed you while doing the defendant's job)
worked for Aurora 8400 Washington Av Racine WI 53403
(Employer's name and address, if known)

(If you need to list more defendants, use another piece of paper.)

B. STATEMENT OF CLAIM

On the space provided on the following pages, tell:

1. Who violated your rights;
2. What each defendant did;
3. When they did it;
4. Where it happened; and
5. Why they did it, if you know.

On Oct 10 2016 I went to see Dr Michael Pothan
at Aurora Health Center. He sent me to get some
Metronidazole. I went to Aurora Pharmacy
the pill of Metronidazole make me sick, make my
feet and toe's hurt. The more I took the more pain
I got. I call back to Dr Michael Pothan office
I talk to his Receptionist, I need to talk to Nurse
Nurse I need to talk to Dr Michael Pothan. The next
time I call Dr Michael Pothan office I can't talk
to any one would not pick up I call and call
for 10+2 week no answer I call United Health

Care and make my

Complaint - 2

For 1 to 2 weeks no one answer my call
So I make a Complaint with United
Health Care on this matter my Health Plan
That was from Oct 10 - 24 of Oct
I call Dr Michael Pothan office to talk
with him about this matter.

~~The~~ The next time I see Dr Michael
Pothan he talk to me like I did some-
thing wrong. Because I also fill a
complaint with Aurora health Care.
also. All of ~~the~~ them discriminated
against me. Why I do not know.

C. JURISDICTION



I am suing for a violation of federal law under 28 U.S.C. § 1331.

OR



I am suing under state law. The state citizenship of the plaintiff(s) is (are) different from the state citizenship of every defendant, and the amount of money at stake in this case (not counting interest and costs) is

\$ _____.

D. RELIEF WANTED

Describe what you want the Court to do if you win your lawsuit. Examples may include an award of money or an order telling defendants to do something or to stop doing something.

2,000,000

E. JURY DEMAND

I want a jury to hear my case.

☒ - YES

☐ - NO

I declare under penalty of perjury that the foregoing is true and correct.

Complaint signed this 12 day of Oct 20 18.

Respectfully Submitted,

Calbert Lume

Signature of Plaintiff

1-662-694-0752 my sister

Plaintiff's Telephone Number

A message phone

Plaintiff's Email Address

not at this time

Equilla Miller 366 Miller Hannah Rd Louisville, MS
(Mailing Address of Plaintiff) 39339

(If more than one plaintiff, use another piece of paper.)

REQUEST TO PROCEED IN DISTRICT COURT WITHOUT PREPAYING THE FILING FEE



I DO request that I be allowed to file this complaint without paying the filing fee. I have completed a Request to Proceed in District Court without Prepaying the Filing Fee form and have attached it to the complaint.



I DO NOT request that I be allowed to file this complaint without prepaying the filing fee under 28 U.S.C. § 1915, and I have included the full filing fee with this complaint.